

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

December 2, 1988



ALL-COUNTY LETTER NO. 88-152

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: JANUARY 1989 SOCIAL SECURITY TITLE II (RETIREMENT, SURVIVOR'S AND DISABILITY INSURANCE - RSDI) AND TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PROGRAM - SSI/SSP) COST-OF-LIVING ADJUSTMENTS (COLA) AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS) INSTRUCTION MANUAL

This All-County Letter (ACL) is to provide you with the following:

- o Instructions regarding automating the RSDI increases for affected income eligible IHSS recipients.
- o Instructions regarding automating all Share of Cost (SOC) IHSS recipient cases with Link 1, 2, 3, 4 or 5 in Field I2 of the form SOC 293.
- o Instructions regarding forms and listings.
- o 1989 SSI/SSP benefit levels.
- o Changes of amounts to be used when manually completing the forms SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child."

A. RSDI Increases

1. All SOC cases that have been automated by the CMIPS and have a Code 1 (RSDI) in Source Field I4, J1, J2, K1 or K2 will have that amount increased in the corresponding Income Field by 4.0 percent.

To facilitate automation of RSDI we are making two assumptions:

- o That the current entry in the Source Field(s) represents a gross amount that has been rounded down to the nearest dollar by the Social Security Administration (SSA);

- o That the current entry in the Source Field(s) is the gross amount - which includes the Medicare Part B premium for those persons who must pay their own premium. (Effective January 1, 1989 that premium increases to \$31.90 from \$24.80.)

The computation will produce the RSDI benefit amount to be used in automating the January 1, 1989 SOC. (Example: the current benefit amount is \$405.00, multiplying by 1.040 equals \$421.20; rounding down to the nearest dollar equals \$421.00.)

2. It should be noted, as in previous years, the SSA applies the COLA to the actual, rather than the rounded benefit amount. This may result in a \$1.00 discrepancy in the RSDI benefit for some beneficiaries and a \$1.00 understated SOC.

In order to avoid the unnecessary expense of recomputing every case subsequently identified as having an incorrect SOC solely due to the RSDI COLA automation, Counties are authorized instead to correct the SOC at the time of the next eligibility redetermination or when an income change is reported.

B. Share of Cost Cases

1. All automated IHSS income eligible cases with Link 1, 2, 3, 4 or 5 in Field I2 shall have an SOC adjusted January 1, 1989 because of SSI/SSP benefit level changes. However, any case with an end date in Field ZZ4 of December 31, 1988, or earlier, cannot be automated. As we have experienced each time there is an automated procedure in CMIPS, some cases are excluded and are printed on an exception list. Typically the exception is due to an overdue reassessment.

Regardless of the cause, for those cases that are not automated, an alert message will print on the monthly "Warning Message Alert List" and will continue on the list until corrected. The alert message is:

"060 Share of Cost Date is not January 1st"

2. A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustments made to their RSDI and SOC computation. Based on these COLA adjustments, SOC's will be reduced for all affected IHSS recipients. The message (number 353) will read:

"The change in your IHSS Share of Cost shown above is effective _____ because of cost-of-living adjustments to SSI/SSP benefit levels and to the social security payments available to you which are \$____, \$____, and \$____.

"If the Social Security amount you receive is different than reported here, contact your service worker within ten calendar days. MPP Section 30-755.233."

3. The automation of SOC cost cases is scheduled to be run December 8, 1988 so that we can meet the timeliness for NOAs. Any changes or new cases added to the CMIPS after that date should use the following procedure so that correct segments on lines MNO can be built:
 - o Turnaround Document (TAD) #1:
 - enter appropriate data for 1988 SOC fields and wait for the next turnaround document to enter 1989 data;
 - a NOA will be generated containing the usual SOC message(s).
 - o TAD #2:
 - enter 01/01/89 in SOC Field I1;
 - enter corrected RSDI income in Source/Income Field I4, J1, J2, K1 or K2 (1.040 x 1988 amount);
 - the CMIPS will recompute the correct SOC;
 - a NOA will be generated containing the usual SOC message(s).
4. SOC cases that are not updated may result in the IHSS recipient paying an SOC which exceeds his/her liability. County Welfare Departments (CWD) will be responsible for making reimbursement to those persons so affected.

C. Forms and Listings

1. There will be turnaround documents generated on all automated IHSS income eligible cases - both forms SOC 293 and SOC 311. These will have an identifying message on the top which will read "Share of Cost COLA 1989." There will also be NOAs generated which will have the message as displayed under B2. above.
 - o Only those cases that have an identical SOC reflected on both the form SOC 293 Share of Cost Field M6 and the form SOC 311 Share of Cost Field F5 will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List and the provider document must be manually changed.
 - o We are not able to automate the anticipated Veteran's Administration Benefits, Code 2, in the Source/Income Field I4, J1, J2 K1 or K2; however, for ease of identification of those cases, a separate listing will be provided at the bottom of the County Exception List.

- o We are not able to automate the RSDI increase for a spouse - which may affect the recipient's SOC - because the CMIPS is not coded, as yet, to differentiate that income source; however, all cases impacted by the SOC automation will have an asterisk (*) by the name on the Monthly Characteristics Listing and Office Caseload Listing which may be used as a reminder to validate any change in a spouse's income.
2. All TADs and NOAs will be printed at the printer sites by on-line Counties; batch Counties will have documents printed by EDS and mailed to the recipient and County, as appropriate.
 - o Please plan printing needs by ordering forms SOC 311, SOC 293 and NA 690 if necessary.
 - o Please do not delay printing and mailing the NOAs on December 16, 1988; the printing of the SOC 311 and SOC 293 TADs may be delayed for one or two days to suit the convenience of the County.
 3. A listing titled "Income Eligible IHSS Recipients with no Link Indicator" was sent to each County the first week of December 1988. None of the cases listed fell within the criteria necessary to automate the change to the January 1, 1989 SOC. The listing was provided so Counties could manually process those cases and issue a timely NOA. Changes to Benefit Level Codes were attached to the listing.

D. Benefit Levels

1. Attachment A to this ACL is the 1989 SSI/SSP Payment Standards.
2. Attachment B provides corrected pages for the IHSS-CMIPS Instruction Manual pages C16, C17, C18 and C19. This information has been incorporated into the CMIPS SOC automation feature.

E. SOC 294A and SOC 294C

1. Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). This information has been incorporated into the CMIPS SOC automation feature.
 - o SOC 294A (Attachment C)
 - change allowances in Column B, row 2a to \$185.00;
 - change allowances in Column B, row 6 to \$185.00.

- o SOC 294C (Attachment D)
 - change allowances in Column A, row 2a to \$185.00;
 - change allowances in Column A, row 6b(1) and 6b(2) to (1) \$736.00 and (2) \$1,106.00, respectively;
 - change allowances in Column A, rows 7b and 8i to (1) \$368.00 and (2) \$553.00, respectively.

Questions regarding CMIPS procedures should be addressed to Roberta Christensen at (916) 323-6341 or ATSS 8-473-6341. Questions regarding program issues should be addressed to your Adult and Family Services Operations Consultant at (916) 445-0623 or ATSS 8-485-0623.



LOREN D. SUTER
Deputy Director
Adult and Family Services

Enclosures

cc: CWDA

B. SOURCE OF RECIPIENT'S, SPOUSE'S, PARENT(S) GROSS INCOME - ENTER appropriate code.

- 1 - RETIREMENT, SURVIVORS, DISABILITY INSURANCE (RSDI) - RECIPIENT
- 2 - VETERAN'S ADMINISTRATION - RECIPIENT
- 4 - RAILROAD RETIREMENT - RECIPIENT
- 5 - OTHER PENSION - RECIPIENT
- 6 - OTHER UNEARNED - RECIPIENT
- 7 - EARNED - RECIPIENT
- 8 - UNEARNED - SPOUSE/PARENT
- 9 - EARNED - SPOUSE/PARENT

C. INCOME - ENTER AMOUNT OF GROSS INCOME AVAILABLE TO THE RECIPIENT.

D. DEDUCT - ENTER DOLLAR AMOUNT OF TOTAL INCOME DEDUCTIONS OTHER THAN THE STANDARD INCOME EXCLUSIONS. STANDARD INCOME EXCLUSIONS THAT ARE INCLUDED IN THE AUTOMATIC SHARE OF COST COMPUTATION ARE:

- 1. \$20.00 STANDARD EXCLUSION
- \$65.00 EARNED INCOME EXCLUSION
- ONE HALF REMAINDER OF INCOME - EARNED INCOME EXCLUSION
- \$185.00 NEEDS OF CHILDREN/NON-LINKED SPOUSE
- \$736.00 OR \$1,106.00 ALLOWANCE FOR EARNED INCOME PARENT(S)
- \$368.00 OR \$553.00 ALLOWANCE FOR UNEARNED INCOME PARENT(S)
- \$368.00 OR \$553.00 ALLOWANCE FOR COMBINATION EARNED/ UNEARNED INCOME PARENT(S)

- 2. ANY AMOUNT THAT A RECIPIENT PAYS FOR SERVICES THAT ARE AN ALTERNATIVE TO IHSS MAY BE ENTERED IN THE DEDUCT FIELD.

NOTE: REFER TO SPECIAL INSTRUCTIONS: SHARE OF COST COMPUTATION - SOC 293.

FIELD I5 - COUNTABLE INCOME - OPTIONAL

LENGTH: 6

DESCRIPTION: COUNTABLE INCOME - THE SUM OF ALL NET INCOME AVAILABLE
TO RECIPIENT.

- A. FOR THOSE RECIPIENTS WHOSE SHARES OF COST ARE AUTOMATED, THIS FIELD WILL BE SYSTEM GENERATED. THE BENEFIT LEVEL DEDUCTED AND THE SHARE OF COST FIELD SYSTEM GENERATED.
- B. THIS FIELD MUST BE INPUT WITH THE AMOUNT THAT HAS BEEN MANUALLY COMPUTED FOR THOSE RECIPIENTS WHOSE COUNTABLE INCOME IS NOT AUTOMATED TO ENABLE THE CORRECT SHARE OF COST INFORMATION ON AN AUTOMATED NOTICE OF ACTION.

NOTE: REFER TO SPECIAL INSTRUCTIONS: SHARE OF COST COMPUTATION
SOC 293.

FIELD J4 - BENEFIT CODE/LEVEL - OPTIONAL

LENGTH: 2, 8, FORMAT: XX, XXXXX, XX

DESCRIPTION: BENEFIT LEVEL - THE SSI/SSP BENEFIT LEVEL USED TO
DETERMINE THE RECIPIENT'S SHARE OF COST.

- A. FOR THOSE RECIPIENTS WHOSE SHARES OF COST ARE AUTOMATED, THIS FIELD MUST HAVE A TWO DIGIT BENEFIT CODE ENTERED.
- B. THIS INCLUDES BOTH RECIPIENTS WHO HAVE COUNTABLE INCOME AUTOMATICALLY COMPUTED OR COUNTABLE INCOME MANUALLY COMPUTED.
- C. ENTER THE APPROPRIATE BENEFIT CODE.

FIELD K3 - SHARE OF COST - SYSTEM GENERATED

LENGTH: 6

DESCRIPTION: SHARE OF COST - MONTHLY AMOUNT OF MONEY TO BE PAID
DIRECTLY BY THE RECIPIENT.

- A. FOR THOSE RECIPIENTS WHOSE SHARES OF COST ARE
AUTOMATED, THIS FIELD WILL HAVE AN ENTRY.
- B. FROM THE INPUT TO FIELDS I5, COUNTABLE INCOME AND J3,
BENEFIT CODE, THIS FIELD WILL BE SYSTEM GENERATED AND
WILL "PLUG" THE SHARE OF COST INTO THE ELIGIBILITY
SEGMENTS M, N AND O, FIELD #6, WHERE APPLICABLE.

FIELD L1, L2 - MODE/RATE/HOURS - REQUIRED

LENGTH: 2, 4, 4, FORMAT: XX, XX.XX, XX.XX

DESCRIPTION: DELIVERY MODE/HOURLY RATE OF PAY/HOURS OF SERVICE

- A. DELIVERY MODE - TYPE OF SERVICE DELIVERY OF IHSS.
ENTER THE PROPER CODE.

IP - INDIVIDUAL PROVIDER

CC - COUNTY CONTRACT, EITHER PRIVATE VENDOR OR
INTER-AGENCY AGREEMENT

HM - COUNTY EMPLOYED HOMEMAKER

- B. HOURLY RATE OF PAY - THE HOURLY RATE OF PAY PER
AUTHORIZED SERVICE HOUR FOR THE TYPE OF DELIVERY MODE.
 1. FOR INDIVIDUAL PROVIDERS IF THIS AMOUNT IS NOT
ENTERED, THE LOWEST COUNTY BASE RATE WILL BE PLUGGED.
 2. FOR CONTRACT OR COUNTY HOMEMAKER PROVIDERS, IF
THIS AMOUNT IS NOT ENTERED, THE COUNTY BASE RATE
WILL BE PLUGGED.
- C. HOURS OF SERVICE BY DELIVERY MODE - THE HOURS OF
AUTHORIZED SERVICE WILL BE SYSTEM GENERATED UNLESS
THERE IS A MIXED MODE SERVICE DELIVERY.

01 - INDIVIDUAL AGED OR DISABLED - OWN HOME	\$ 602.00
02 - INDIVIDUAL BLIND - OWN HOME	673.00
03 - INDIVIDUAL DISABLED MINOR - OWN HOME	477.00
04 - INDIVIDUAL AGED OR DISABLED - HOUSEHOLD OF ANOTHER	479.34
05 - INDIVIDUAL BLIND - HOUSEHOLD OF ANOTHER	550.34
06 - INDIVIDUAL DISABLED MINOR - HOUSEHOLD OF ANOTHER	354.34
07 - INDIVIDUAL AGED OR DISABLED - INDEPENDENT LIVING WITHOUT COOKING FACILITIES	667.00
08 - COUPLE AGED OR DISABLED - OWN HOME	1,116.00
09 - COUPLE BLIND - OWN HOME	1,312.00
10 - COUPLE BLIND/AGED OR DISABLED - OWN HOME	1,238.00
11 - COUPLE AGED OR DISABLED - HOUSEHOLD OF ANOTHER	931.67
12 - COUPLE BLIND - HOUSEHOLD OF ANOTHER	1,127.67
13 - COUPLE BLIND/AGED OR DISABLED - HOUSEHOLD OF ANOTHER	1,053.67
14 - COUPLE AGED OR DISABLED - INDEPENDENT LIVING WITHOUT COOKING FACILITIES	1,246.00

D. FOR A COUPLE, BOTH OF WHOM ARE IHSS RECIPIENTS AND EQUALLY SHARE THEIR NET COUNTABLE INCOME, EITHER DIVIDE THAT COUNTABLE INCOME BY 2 OR ALLOCATE THE COUNTABLE INCOME IN UNEQUAL PORTIONS, WHICHEVER ADVANTAGES THE COUPLE. ENTER THAT SUM IN IS. ENTER THE APPROPRIATE CODE BELOW FOR THE SHARE OF COST COMPUTATION:

15 - COUPLE AGED OR DISABLED - OWN HOME PER PERSON	558.00
16 - COUPLE BLIND - OWN HOME, PER PERSON	656.00
17 - COUPLE BLIND/AGED OR DISABLED - OWN HOME, PER PERSON	619.00
18 - COUPLE AGED OR DISABLED - WITHOUT COOKING FACILITIES, PER PERSON	623.00
19 - COUPLE AGED OR DISABLED - HOUSEHOLD OF ANOTHER, PER PERSON	465.84
20 - COUPLE BLIND - HOUSEHOLD OF ANOTHER, PER PERSON	563.84
21 - COUPLE BLIND, AGED OR DISABLED - HOUSEHOLD OF ANOTHER, PER PERSON	526.84

NOTE: REFER TO SPECIAL INSTRUCTIONS: SHARE OF COST COMPUTATIONS- SOC 293

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT

SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled

		UNEARNED	EARNED			UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)				1. Income of client's spouse*	\$		\$
a	\$			2. Allowance for children not blind or disabled.			
b	\$			a. Children's needs	\$185	\$185	\$185
c	\$			b. Children's income*	\$	\$	\$
2. Total unearned income (A1a to A1c)	\$			c. Net needs (a — b)	\$	\$	\$
3. Any income exclusion	\$20			d. Total allowance (add B2c's)	\$		
4. Net unearned income (A2 minus A3)	\$			3. Remaining unearned income (B1 minus B2d)	\$		
5. Earned income (Do not show exempt income)		\$		4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)			\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)			\$	5. Remaining earned income (B1 minus B4)			\$
7. Earned income exclusion			\$65	6. Net income of spouse (B3 plus B5) — If equal to or less than \$185 A15 is entered in C — If greater than \$185, complete B7 through B20			\$
8. Total exclusions (A6 plus A7)			\$	7. IHSS client's income (From A2 and A5)	\$		\$
9. Remaining earned income (A5 minus A8)			\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$		\$
10. Net earned income (A9 x 1/2)			\$	9. Any income exclusion	\$20		
11. Other earned income deductions			\$	10. Net unearned income (B8 minus B9)	\$		
12. Total net earned income (A10 minus A11)			\$	11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)			\$
13. Total countable income (A4 plus A12)	\$			12. Earned income exclusion			\$65
14. SSI/SSP payment level	\$			13. Total exclusions (B11 plus B12)			\$
15. IHSS share of cost (A13 minus A14)	\$			14. Remaining earned income (B8 minus B13)			\$
				15. Net earned income (B14 x 1/2)			\$
				16. Other earned income deductions			\$
				17. Total net earned income (B15 minus B16)			\$
				18. Total countable income (B10 plus B17)	\$		
				19. SSI/SSP couple payment level	\$		
				20. IHSS share of cost (B18 minus B19)	\$		
				C. SHARE OF COST (higher of A15 or B20)**	\$		

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

WORKER _____

DATE _____

IHSS INCOME ELIGIBILITY – CHILD

Name _____

Case No. _____ Month _____

PARENT

RECIPIENT

A. Income deemed to a blind or disabled child living at home who is under 18 or 18 – 21 and in school.

B. IHSS share of cost computation for blind or disabled child who is under 18 or 18 – 21, in school and living at home.

<input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled.				Unearned	Earned			Unearned	Earned
1. Gross income				\$	\$	1. Income deemed to child (from A6d, A7d, A8j or A9)**		\$	
2. Allowance for children not blind or disabled						2. Unearned income (list) (Do not show exempt income)			
a. Children's needs	\$185	\$185	\$185			a.	\$		
b. Children's income	\$	\$	\$			b.	\$		
c. Net needs (a minus b)	\$	\$	\$			c.	\$		
d. Total allowance (add A2c's)				\$		3. Total unearned income (B1 plus B2)	\$		
3. Remaining unearned income (A1 minus A2d)				\$		4. Any income exclusion	\$ 20		
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)					\$	5. Net unearned income (B3 minus B4)	\$		
5. Remaining earned income (A1 minus A4)					\$	6. Earned income (Do not show exempt income)			\$
6. If remaining income is EARNED only:						7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)			
a. \$85 exclusion					\$ 85	8. Earned income exclusion			\$ 65
b. Allowance for parent and spouse (1) \$736 (2) \$1,106					\$	9. Total exclusions (B7 plus B8)			\$
c. Total exclusions (A6a plus A6b)					\$	10. Remaining earned income (B6 minus B9)			\$
d. Income deemed to child (A5 minus A6c)					\$	11. Net earned income (B10 X ½)			\$
7. If remaining income is UNEARNED only:						12. Other earned income deductions			\$
a. Any income exclusion				\$ 20		13. Total net earned income (B11 minus B12)			\$
b. Allowance for parent and spouse (1) \$368 (2) \$553				\$		14. Total countable income (B5 plus B13)	\$		
c. Total exclusions (A7a plus A7b)				\$		15. SSI/SSP payment level	\$		
d. Income deemed to child (A3 minus A7c)				\$		16. IHSS share of cost (B14 minus B15)	\$		
8. If income is UNEARNED and EARNED:						<p>** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.</p>			
a. Any income exclusion				\$ 20					
b. Net unearned income (A3 minus A8a)				\$					
c. Unused \$20 exclusion (If A8a is greater than A3, enter the difference)					\$				
d. Earned income exclusion					\$ 65				
e. Total exclusions (A8c plus A8d)					\$				
f. Earned income (A5 minus A8e)					\$				
g. Net earned income (A8f X ½)					\$				
h. Total income (A8b plus A8g)				\$					
i. Allowance for parent and spouse (1) \$368 (2) \$553				\$					
j. Income deemed to child (A8h minus A8i)				\$					
<input type="checkbox"/> Income of parent(s) where one or both are aged, blind or disabled.									
9. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)				\$					

** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.

Worker _____

Date _____